



SECONDARY EMPHASIS

Student's Name:	ID# :	Cell #:
POE Title:		Date:
POE Advisor:		Class: SR <input type="checkbox"/> JR <input type="checkbox"/> SO <input type="checkbox"/>
GEN Advisor:		Degree Date:

The academic department sets secondary emphasis course requirements. This secondary emphasis requires the approval of the department chair.

Secondary Emphasis Academic Department:	
Secondary Emphasis Title:	

	Subject	Course #	Course Title	Credits
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
11.				
12.				

Rationale for Change:	Student Signature
Secondary Emphasis Academic Department Chair's Comments:	Department Chair's Approval
POE Advisor's Comments:	POE Advisor's Approval
GEN Advisor's Comments:	GEN Advisor's Approval

Registrar's Approval: _____
Initials
Date